AOC- 239 Doc. Code: DSFV

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

FCRPP 3



Case No
Court
County
Division

IN R	RE THE MARRIAGE OF:	
		PETITIONER
and	d	
		RESPONDENT
	Petitioner  Respondent submits under oath the following Final Vich requires full and prompt disclosure of the following information:	•
A.	EMPLOYMENT INFORMATION:	
1.	Current Employer:Address:	
	ngth of Employment:esent Position:	
	w Often Paid:	
	oss Pay Per Pay Period (including overtime):	
Net	t Pay Per Pay Period (including overtime):	
2.	Other/Additional Employer:	
	Address:	
Len	ngth of Employment:	
	esent Position:	
How	w Often Paid:	
	oss Pay Per Pay Period (including overtime):	
Net	t Pay Per Pay Period (including overtime):	
3.	Self-Employment:	
	Name of Business:	
	Type of Business:Address:	
Len	ngth of Self-Employment:	
Pres	esent Position:	
Gros	oss Income Year to Date:	

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Ordi	nary and Necessary Business Expenses Year to Date (list and give to	tals):
Gros	ss Income Last Year from Self-Employment:	<del></del>
Net	Income Last Year from Self-Employment:	
	ACH COPIES OF LAST THREE PAY STUBS FROM EACH EMPLOY REE STATE AND FEDERAL TAX RETURNS.	'ER, LAST YEAR'S W-2(S) AND LAST
B.	ADDITIONAL INCOME RECEIVED IN LAST 12 MONTHS (Specif	y amounts):
1.	Employment Benefits:	Amount
	Commissions:	
	Bonuses, incentives, etc.:	<del></del>
	Health Insurance paid by employer	
	Housing expenses:	
	Automobile expenses:	<del></del>
	Payment/lease:	
	Mileage:	
	Repairs:	<del></del>
	Gas: Insurance:	
	Phone/Mobile phone expenses:	
	Meals or allowance:	
	Club dues:	
	Others (list all and specify amount or value):	<del></del>
2.	Interest and Dividends:	
۷.	Source	
3.	Unemployment:	
3. 4.	Worker's Compensation:	·
<del>т</del> . 5.	Social Security/SSI:	<del></del>
6.	TANF:	
7.	Child Support:	
8.	Maintenance:	
9.	Retirement Benefits:	
10.	Others (list all and give amounts):	
	· · · · · · · · · · · · · · · · · ·	

## C. CHILD SUPPORT GUIDELINE INFORMATION:

1.	Medical Insurance:	
	Who pays:	
	How paid:	
	How Much for Child(ren) Only:	
2.	Dental Insurance:	
	Who pays:	
	How paid:	
	How Much for Child(ren) Only:	
3.	Child Care Costs:	
	Who Provides:	<u> </u>
	How Often is Provider Paid:	
	Name of Provider:	
	How Much Paid:	
4.	Amount Paid for Court Ordered Child Support for Prior Born Child(ren):	
5.	Amount Paid for Court Ordered Maintenance for Prior Marriage(s):	
6.	Imputed Child Support for Prior Born Child(ren):	
7.	Child Support Received for Child not of this Marriage:	
8.	Maintenance Received from Prior Marriage:	
D.	NONMARITAL PROPERTY CLAIMS:	
List a	all property, real or personal, tangible or intangible, of greater than \$100.00 in value, which you cla	aim to be either
entir	ely or partially your nonmarital property.	
Item	1Specify item:	
	Fair Market Value at Date of Marriage:	
	Debt Balance on Item at Date of Marriage:	
	Current Debt Balance on Item:	
	Current Fair Market Value:	
	Basis for your Claim Item is Nonmarital:	
	Nonmarital Value of Item:	
Item	2Specify item	
	Fair Market Value at Date of Marriage:	
	Debt Balance on Item at Date of Marriage:	
	Current Debt Balance on Item:	
	Current Fair Market Value:	
	Basis for your Claim Item is Nonmarital:	
	Nonmarital Value of Item:	- <u></u> -

## E. MARITAL PROPERTY:

Bank and Type of Account  Balance  4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*:  Type and Location of Investment # of Shares Fair Market Value  5. Life Insurance*:	1.	Real Property:					
Year/Make/Model/Type   Fair Market Value   Loan Balance    3. Bank Accounts* Bank and Type of Account   Balance    4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*: Type and Location of Investment   # of Shares   Fair Market Value    5. Life Insurance*:		Address	Fair Mark	et Value	Mortgage(s	) Balance	% Interest
Year/Make/Model/Type   Fair Market Value   Loan Balance    3. Bank Accounts* Bank and Type of Account   Balance    4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*: Type and Location of Investment   # of Shares   Fair Market Value    5. Life Insurance*:							
Year/Make/Model/Type   Fair Market Value   Loan Balance    3. Bank Accounts* Bank and Type of Account   Balance    4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*: Type and Location of Investment   # of Shares   Fair Market Value    5. Life Insurance*:							
Year/Make/Model/Type   Fair Market Value   Loan Balance    3. Bank Accounts* Bank and Type of Account   Balance    4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*: Type and Location of Investment   # of Shares   Fair Market Value    5. Life Insurance*:							
Year/Make/Model/Type   Fair Market Value   Loan Balance    3. Bank Accounts* Bank and Type of Account   Balance    4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*: Type and Location of Investment   # of Shares   Fair Market Value    5. Life Insurance*:							
Year/Make/Model/Type   Fair Market Value   Loan Balance    3. Bank Accounts* Bank and Type of Account   Balance    4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*: Type and Location of Investment   # of Shares   Fair Market Value    5. Life Insurance*:							<u>l</u>
Bank and Type of Account  Balance  4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*:  Type and Location of Investment # of Shares Fair Market Value  5. Life Insurance*:	2.		iipment, etc.:	Fair I	Market Value	ı	Loan Balance
Bank and Type of Account  Balance  4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*:  Type and Location of Investment # of Shares Fair Market Value  5. Life Insurance*:							
Bank and Type of Account  Balance  4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*:  Type and Location of Investment # of Shares Fair Market Value  5. Life Insurance*:							
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Bank and Type of Account  Balance  4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*:  Type and Location of Investment # of Shares Fair Market Value  5. Life Insurance*:							
4. Investments (Stocks, Bonds, Mutual Funds, Stock Options, etc.)*:  Type and Location of Investment # of Shares Fair Market Value  5. Life Insurance*:	3.						
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Type and Location of Investment # of Shares Fair Market Value  5. Life Insurance*:						<u> </u>	
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Type and Location of Investment # of Shares Fair Market Value  5. Life Insurance*:							·
Type and Location of Investment # of Shares Fair Market Value  5. Life Insurance*:							
5. Life Insurance*:	4.	•	s, Stock Option	•			
		Type and Location of Investment		_#	of Shares	Fai	r Market Value
							·····
							······································
				I			·····
Company and Type of Policy   Insured   Cash Surrender   Loan Balance	5.						
Value		Company and Type of Policy		Insured		render	Loan Balance
value					value		
* Doub statements consoled shocks registers comban series of shocks deposit tickets registic statements from	* Da	unic atatamanta, sanaalad ahaala waxistaya		o of oboo	lea damanit tialen		
* Bank statements, canceled checks, registers, carbon copies of checks, deposit tickets, periodic statements from investments, statements on life insurance, periodic statements from retirement plans, periodic statements reflecting assets	inve:	ank statements, canceled checks, registers, stments statements on life insurance periodic	carbon copie: statements.frc	s of chec om retirem	ent plans periodi	is, period cistateme	nc statements from ents reflecting assets
held in name of or on behalf of children, and documents reflecting debts and credit card statements for past 12 months should	held	in name of or on behalf of children, and docume	ents reflecting d	lebts and o	credit card stateme	ents for pa	st 12 months should
be in possession of answering party or answering party's attorney when this statement is served on the opposing party.	be ir	n possession of answering party or answering	party's attorn	ey when t	his statement is s	erved on	the opposing party.
6. Assets Held in Name of/on Behalf of Children*	6.	Assets Held in Name of/on Behalf of Child	ren*				
Type & Name of Account Balance or Value						Bal	ance or Value

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7.	Retirement Plans (Pension Type and Name of	, , , , ,		Plan Adminis	trator	Balance or Value
				<u> </u>		
8.	Interests In/Ownership of E Location of Busine Business Name &	ess,	% and Type o	d of Business	Tax Ret	urns & al Documents
		7.00.000	.,,,,,		1	
9.	Household Property in Dis	nute:				
0.	Item	Location	Fair N	Market Value	1	Loan Balance
			l			
inves held i	tments, statements on life ins n name of or on behalf of child	Iren, and documents ref	flecting debts a	ind credit card st	atements fo	or past 12 months shoul
inves held i	tments, statements on life ins n name of or on behalf of child possession of answering pa	surance, periodic stater dren, and documents ref arty or answering party	flecting debts a	ind credit card st	atements font ont is served	or past 12 months shoul
inves held i be in	tments, statements on life ins n name of or on behalf of child possession of answering pa	surance, periodic stater dren, and documents ref arty or answering party	flecting debts a 's attorney who	and credit card sta en this statemen If yes	atements font ont is served	or past 12 months shoul
inves held i be in	tments, statements on life ins n name of or on behalf of child possession of answering pa	surance, periodic stater dren, and documents ref arty or answering party	flecting debts a 's attorney who	and credit card sta en this statemen If yes	atements font is served	or past 12 months should don the opposing party
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inves held i be in	tments, statements on life ins n name of or on behalf of child possession of answering pa	surance, periodic stater dren, and documents ref arty or answering party	flecting debts a 's attorney who	and credit card sta en this statemen If yes	atements font is served	or past 12 months should don the opposing party
inves held i be in	tments, statements on life ins n name of or on behalf of child possession of answering pa	surance, periodic stater dren, and documents ref arty or answering party	flecting debts a 's attorney who	and credit card sta en this statemen If yes	atements font is served	or past 12 months should don the opposing party
inves held i be in	tments, statements on life ins n name of or on behalf of child possession of answering pa	surance, periodic stater dren, and documents ref arty or answering party	flecting debts a 's attorney who	and credit card sta en this statemen If yes	atements font is served	or past 12 months should don the opposing party
inves held i be in 10.	tments, statements on life ins name of or on behalf of child possession of answering pa  Safety Deposit Box?  Location  Other Property - (specify it	surance, periodic stater fren, and documents ref arty or answering party Yes	flecting debts a 's attorney who  No  Contents	and credit card sta en this statemen If yes	atements font is served	or past 12 months should don the opposing party
inves held i be in 10.	tments, statements on life ins name of or on behalf of child possession of answering pa  Safety Deposit Box?  Location  Other Property - (specify itelry:	surance, periodic stater dren, and documents ref arty or answering party Yes	flecting debts a 's attorney who  No  Contents	en this statemen	atements font is served	or past 12 months should don the opposing party
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inves held i be in  10.  11. Jewe Furs: Antiq Art: Colle Coun Seas	tments, statements on life ins name of or on behalf of child possession of answering pa  Safety Deposit Box?  Location  Other Property - (specify itelry:  ues:  ctions:  try Club Memberships:  on Tickets:	surance, periodic stater fren, and documents ref arty or answering party Yes	flecting debts a 's attorney who  No  Contents	Ind credit card statementh is statementh in the statementh is statementh. If yes	atements font is served  : Value	Date of Last Visit
inves held i be in  10.  11. Jewe Furs: Antiq Art: Colle Coun Seas Incor	tments, statements on life ins name of or on behalf of child possession of answering pa  Safety Deposit Box?  Location  Other Property - (specify itelly:  ues:  ctions:  ctions:  ntry Club Memberships:  on Tickets:  ne Tax Refunds Expected:	surance, periodic stater fren, and documents refarty or answering party  Yes  tem and value):	flecting debts a 's attorney who 's no Contents	Ind credit card statementh is statementh in the statementh is statementh. If yes	atements for the served of the	Date of Last Visit
inves held i be in  10.  11. Jewe Furs: Antiq Art: Colle Coun Seas Incor Frequ	tments, statements on life ins name of or on behalf of child possession of answering pa  Safety Deposit Box?  Location  Other Property - (specify it lift):  ues:  ctions:  try Club Memberships: on Tickets: ne Tax Refunds Expected: uent Flyer Miles:	surance, periodic stater fren, and documents refarty or answering party  Yes  tem and value):	flecting debts a 's attorney who  No Contents	Ind credit card streen this statemen	atements font is served: : Value	Date of Last Visit
11. Jewe Furs: Antiq Count Seas Incorr Frequence Acco	tments, statements on life ins name of or on behalf of child possession of answering pa  Safety Deposit Box?  Location  Other Property - (specify it large)  ues:  ctions:  ctions:  ntry Club Memberships:  on Tickets:  ne Tax Refunds Expected:  uent Flyer Miles:  unts Receivables/Loans:	surance, periodic stater fren, and documents refersty or answering party  Yes  Tem and value):	flecting debts a 's attorney who  No Contents	Ind credit card statementh is statementh in the statementh is statementh. If yes	atements font is served  : Value	Date of Last Visit
11. Jewe Furs: Antiq Art: Colle Coun Seas Incor Frequ Acco Clain	tments, statements on life ins name of or on behalf of child possession of answering pa  Safety Deposit Box?  Location  Other Property - (specify itelly:  ues:  ctions:  ctions:  ntry Club Memberships:  on Tickets:  ne Tax Refunds Expected:  uent Flyer Miles:  unts Receivables/Loans:  ns Against Others:	surance, periodic stater fren, and documents refarty or answering party  Yes  tem and value):	flecting debts a 's attorney who  No  Contents	Ind credit card streen this statemen	atements for the served of the	Date of Last Visit
11. Jewe Furs: Antiq Art: Colle Coun Seas Incor Frequ Acco Claim Accru	tments, statements on life ins name of or on behalf of child possession of answering pa  Safety Deposit Box?  Location  Other Property - (specify it large)  ues:  ctions:  ctions:  ntry Club Memberships:  on Tickets:  ne Tax Refunds Expected:  uent Flyer Miles:  unts Receivables/Loans:	surance, periodic stater fren, and documents refersty or answering party  Yes  Tem and value):	flecting debts a 's attorney who  No Contents	Ind credit card streen this statemen	atements for the served of the	Date of Last Visit

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F.	<b>DEBTS*:</b>	
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Creditor	Purpose/Security	Balance	Monthly Pmt.
<u> </u>			

<sup>\*</sup> Bank statements, canceled checks, registers, carbon copies of checks, deposit tickets, periodic statements from investments, statements on life insurance, periodic statements from retirement plans, periodic statements reflecting assets held in name of or on behalf of children, and documents reflecting debts and credit card statements for past 12 months should be in possession of answering party or answering party's attorney when this statement is served on the opposing party.

G. MONTHLY EXPENSES (Specify amounts):

G. MONTHLY EXPENSES (Specify amounts):	Actual	Anticipated
Rent:	7 Totali	, incorpatou
Mortgage:		
Property Tax:		
Homeowner's/Renter's Insurance:		
House Maintenance:		
Electric Utilities:		
Fuel, Oil, Gas Utilities:		
Telephone:		
Cellular Phone:		
Water and Sewer:		
Garbage Pickup:		
Yard Expense:		
Cleaning Service:		
Child Care/Babysitter:		
Cable Television:		
Car Payments/Lease Payments:		
Auto Gas and Oil:		
Car Maintenance and Repairs:		
Car Licenses/Taxes		
Car Insurance:		
Religious/Charitable Contributions:		
Clothing:		
Uniforms:		
Dry Cleaners:		
Entertainment:		
Gifts:		
Food:		
Doctor:		
Dentist:		
Orthodontist:		
Prescriptions Drugs/Medicines:		
Optometrist/Ophthalmologist/Eyeglasses:		
Medical/Dental Insurance (not deducted from pay):		
Life Insurance (not deducted from pay):		
Disability Insurance (not deducted from pay):		
Newspaper:		
Magazine Subscriptions:		
Veterinarian/Pet Food:		

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Professional Dues/Club Membe	rehine:		,
Social Clubs:	10111po.		
Barber/Beauty Shop:			
Tuition/School Expenses:		<u> </u>	
State/Federal/Local Taxes Not V	Vithheld:		
Child support paid for prior born	child		
Child support for child of marriage			
Maintenance paid to prior spous			
Maintenance paid to current spo			
Athletic and Activity Fees (list)			
Debt payments (list)			
Other Monthly Expenses (list)			
		<u></u>	
TOTAL MONTHLY EVENING			
TOTAL MONTHLY EXPENSES		\$	\$
and that it results from a diliger and documents available to me	ates that the above information is to nt, good faith effort to ascertain the and/or within my possession of requested herein have been produced.	he information sought herein, r control. All documents upo	based upon information which this information
	Ē	Petitioner	Respondent
STATE OF KENTUCKY	)		
	SCT.		
COUNTY OF	)		
Subscribed and sworn to	before me by	, c	on this the day
of, 2	•		·
		5 LP	
My commission expires:	N	otary Public,	
wy commiccion expires.			
	CERTIFICATE O	SERVICE	
for Petitioner Respon requested and supporting the	oing Final Verified Disclosure Standent on this the day of information set forth herein are on and are available for inspect	of, currently available at the unc	, and documents dersigned's office or are
		PRNEY FOR 🔲 PETITIONER PETITIONER 🗍 RESPONDE	